

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000029189

**FILED**  
**Apr 26, 2004**  
**Secretary of State**

**Entity Name:** FLORIDA WEST COAST MEDICAL BILLING, L.L.C.

**Current Principal Place of Business:**

212 WINDWARD ISLE  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

212 WINDWARD ISLE  
CLEARWATER, FL 33767

**New Mailing Address:**

P. O BOX 7048  
SEMINOLE, FL 33775

**FEI Number:** 86-1076199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT ST., STE. 102  
CLEARWATER, FL 33756

**Name and Address of New Registered Agent:**

GASSMAN, ALAN  
1245 COURT ST., STE. 102  
CLEARWATER, FL 33756

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALAN GASSMAN

04/26/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: FRIEDMAN, CHARLES K  
Address: P O BOX 7048  
City-St-Zip: SEMINOLE, FL 33775

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES K FRIEDMAN

MGR

04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date